2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) CLIMENT # L03000047864 Faid w/ch.#

FILED Jul 14, 2004 8:00 am Secretary of State

DOCUMENT # L03000047864 1. Entity Name DAVID M. JOHNSON, LLC		James Johnson			05-05-2004 90014 019 ****50.00			
Claimain at Dian	a of Charles	Mailing Address						
Principal Place of Business Mailing Address 2424 CLARA KEE BOULEVARD 2424 CLARA KEE BOULEVARD .						3/1	00923	5
TALLAHASSEE FL 32303 TALLAHASSEE FL 32303					J400200			
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2. Principal Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address				a RICH				
Suite, Apt. #, etc. Suite, Apt. #, etc.				2	MOORE	CR2E0	33 (11/03)	
City & State		City & State		4. FEI Number	7.0	Ap	plied For	
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Zip 3ン30:	2 Country	2ip 32303	Country	W	5. Certificate of Status Des	ired []	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered							Agent	
JOHNSON, DAVID M								
2424 CLARA KEE BOULEVARD					P.O. Box Number is Not Acco	eptable) =		
TALLAHASSEE FL 32303								
			C	ity		FI	Zip Cod	е
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
SIGNATURE [NOTE: Repetitive Agent signature required when revisitating] DATE [NOTE: Repetitive Agent signature required when revisitating] DATE								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State								
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ر ځ 9.	MANAGING MEMBER	S/MANAGERS	10.	A STATE OF THE STA	ADDI	IONS/CHANGE	s	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

SIGNATURE: Lavid M. Ollner - David H. Johnson 5/3/04 85 - 22-1848
SIGNATURE AND TYPED OR PRINTED MARE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day